State of Connecticut

01/09 This form may be reproduced by the local registrar's office

Department of Public Health MARRIAGE LICENSE WORKSHEET

BRIDE/ GROOM/ SPOUSE

BRIDE/ GROOM/ SPOUSE

NAME (First)	(Middle)	(Last)	NAME	(First)		(Middle)	(Last)	
SEX DATE OF BIRTH (Mo., Day, Year)		AGÉ	SEX DATE OF BIRTH		OF BIRTH (Mo.,	o., Day, Year) AGE		
BIRTHPLACE	GRADES K	N (No. Yrs. Completed) GRADES COLLEGE (1- 5+)	BIRTHPL	ACE			No. Yrs. Completed) ADES COLLEGE (1-5+) 2	
RESIDENCE (No. and Street)			RESIDENCE (No. and Street)					
CITY OR TOWN	COUNTY	STATE	CITY OR	TOWN		COUNTY	STATE	
RACE SUPERVISION OR GUARDIAN OR CO			RACE			SUPERVISION OR CONTROLBY GUARDIAN OR CONSERVATOR YES NO		
FATHER'S NAME				FATHER'S NAME				
MOTHER'S MAIDEN NAME				MOTHER'S MAIDEN NAME				
FATHER'S BIRTHPLACE (State or Foreign Country) MOTHER'S BIRTHPLACE (State or Foreign Country)			FATHER'S BIRTHPLACE (State or Foreign Country) MOTHER'S BIRTHPLACE (State or Foreign Country)					
			NO. OF THIS NO. OF CIVIL 42a. IFPREVIOUSLY IN MARRIAGE MARRIAGE UNIONS OR CIVIL UNION, LAST RELATIONSHIP WAS					
	1.□MARRIAGE 2					1. MARRIAGE	2. CIVIL UNION	
LAST RELATIONSHIP ENDED BY:				LAST RELATIONSHIP ENDED BY:				
1. DEATH 2. DISSOLUTION 3. ANNULMENT				1. ☐ DEATH 2.☐DISSOLUTION 3. ☐ ANNULMENT				
4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER				
SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE				SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE				
OFFICIATOR INFORMATION DATE OF MARRIAGE:								
OFFICIATOR'S NAME (FIRST) (LAST)								
OFFICIATOR'S ADDRESS								
TOWN WHERE MARRIAGE CEREMONY WILL BE PERFORMED:								